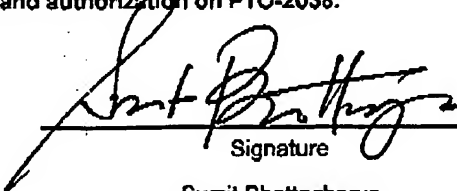


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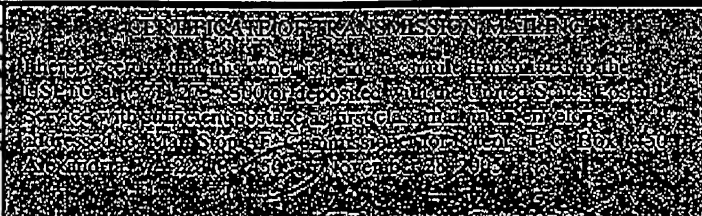
PTO/SB/22 (08-03)

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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		<b>Docket Number (Optional)</b> 2207/807702	
I hereby certify that this paper is being facsimile transmitted to the USPTO at (571) 273-8300 on <u>November 28, 2005</u> .		In re Application of <b>Terry Dishongh et al.</b>	
Signature _____		Application Number <b>10/612,872</b>	Filed <b>July 7, 2003</b>
Typed or printed name <b>Pilar Rodriguez</b>		For <b>CIRCUIT BOARD WITH ADDED IMPEDANCE</b>	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		Art Unit <b>2831</b>	Examiner <b>Nguyen T. HA</b>
The requested extension and appropriate non-small-entity fee are as follows (check time period desired):			
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))		\$ <u>120.00</u>	
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))		\$ _____	
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))		\$ _____	
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))		\$ _____	
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))		\$ _____	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>11-0600</u> .			
I have enclosed a duplicate copy of this sheet.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71			
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>51,469</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).			
Registration number if acting under 37 CFR 1.34(a): _____			
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>			
November 28, 2005			
Date		Signature	
(408) 975-7500		Sumit Bhattacharya	
Telephone Number		Typed or printed name	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/> Total of 1 forms are submitted.			

This collection of information is required by 37 CFR 1.1 (USPTO to process) an application. Confidentiality is guaranteed by the USPTO. The amount of time you require to complete this form and Trademark Office, U.S. Department of Commerce, P.O. ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 100, Alexandria, VA 22304-0100, November 28, 2005.



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